

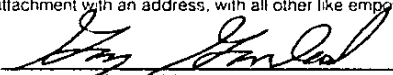


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90387 035 \*\*\*150.00

<b>DOCUMENT # P07000124308</b> Entity Name <b>XX CFOTODAY BUSINESS SERVICES CORPORATION</b>					
Principal Place of Business <b>13467 ASHFORD WOOD CT W JACKSONVILLE, FL 32218</b>			Mailing Address <b>13467 ASHFORD WOOD CT W JACKSONVILLE, FL 32218</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> <b>731 Duval Station Rd</b>			
Suite, Apt. #, etc. <b>Ste 107-203</b>		Suite, Apt. #, etc. <b>Ste 107-203</b>			
City & State <b>Jacksonville FL</b>		City & State <b>Jacksonville FL</b>			
Zip <b>32218</b>	Country <b>USA</b>	Zip <b>32218</b>	Country <b>USA</b>		
<b>4. FEI Number</b> <b>26-1463223</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>04212008 Chg-P CR2E034 (12/06)</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>GARLAND, GARY 13467 ASHFORD WOOD CT W JACKSONVILLE, FL 32218</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO GARLAND, GARY 13467 ASHFORD WOOD CT W JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GARLAND, CATHY 13467 ASHFORD WOOD CT W JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CIO GARLAND, CATHY 13467 ASHFORD WOOD CT W JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 		Date: <b>4/20/08</b> <b>904-457-1034</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					